OIPE	-
Please type a plus sign (4) inside this box	+
JAN 1 5 2004 2	PTO/SB/121 (10-00) Approved for use through 10/31/2002. OMB 0651-0035
Under Paperwork Redistron Act of 1995, no persons a	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE re required to respond to a collection of information unless it displays a valid OMB control number.
TO TRADEMARK	Address to:
CORRESPONDENCE	Commissioner for Patents
ADDRESS	P.O. Box 1450
INDICATION FORM	Alexandria, VA 22313-1450

Direct all correspondence to:    Solution
Customer Number: 23117  Place Customer Number Bar Label Here →  Type Customer Number here  Request for Customer Number (PTO/SB/125) submitted herewith.  in the following listed application(s) or patent(s):  Patent Number (if appropriate)  Application Number (if appropriate)  Place Customer Number Bar Label Here →  Patent Date U.S. Filing Date
OR Type Customer Number here    Label Here →  Type Customer Number here  Request for Customer Number (PTO/SB/125) submitted herewith.  in the following listed application(s) or patent(s):  Patent Number (if appropriate)
OR  Type Customer Number here  Request for Customer Number (PTO/SB/125) submitted herewith.  in the following listed application(s) or patent(s):  Patent Number (if appropriate) Application Number (if appropriate) Date
in the following listed application(s) or patent(s):  Patent Number Patent Date U.S. Filing (if appropriate) Application Number (if appropriate) Date
in the following listed application(s) or patent(s):  Patent Number Patent Date U.S. Filing (if appropriate) Application Number (if appropriate) Date
Patent Number Patent Date U.S. Filing (if appropriate) Application Number (if appropriate) Date
(if appropriate) Application Number (if appropriate) Date
10/656,877 September 8, 2003
(check one)
Typed or Robert A. Molan Applicant or Patentee Printed Name
Signature Polett A. Molan   Assignee of record of the entire interest. Statement under 37 C.F.R.
Date  January 15, 2004  January 15, 2004  January 15, 2004  January 15, 2004
Address of signer: 1100 North Glebe Road, 8 <sup>th</sup> Floor Attorney or Agent of record
29,834
(Reg. No.)
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.